



JOB TRAINING  
SCHOLARSHIP PROGRAM

## Application

**Name:** \_\_\_\_\_

**Social Security Number:** \_ \_ \_ - \_ \_ - \_ \_ \_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone No.:** Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Marital Status:** (check one)

Married

Separated

Widowed

Divorced

Single

**Race:** (check one)

American Indian or Alaska Native

Asian

Black or African American

Hispanic or Latino

Native Hawaiian or Pacific Islander

White

Other \_\_\_\_\_

**Gender:** (check one)

Male

Female

**Date of Birth:** \_\_\_\_\_

**Highest Education Level Completed:** (check one)

\_\_\_ High School/GED

\_\_\_ Graduate Studies

\_\_\_ Vocational/Technical Program

\_\_\_ Masters

\_\_\_ Some College/University

\_\_\_ Other \_\_\_\_\_

\_\_\_ BA/BS

**Current or Previous Employer:**

**Employer Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Position Title:** \_\_\_\_\_ **Salary:** \_\_\_\_\_

1. Are you currently employed? \_\_\_\_\_
2. Do you have any financial resources? \_\_\_\_\_
3. Do you receive financial support from any family members? \_\_\_\_\_
4. Do you receive Supplemental Security Income (SSI)? \_\_\_\_\_
5. Do you receive Social Security Disability Insurance (SSDI)? \_\_\_\_\_
6. Do you receive Social Security? \_\_\_\_\_
7. Do you receive General Public Assistance? \_\_\_\_\_
8. Do you receive Temporary Aid to Needy Families (TANF)? \_\_\_\_\_
9. Do you receive child support? \_\_\_\_\_
10. Do you receive Veterans Affairs (VA) benefits? \_\_\_\_\_
11. Do you receive unemployment income? \_\_\_\_\_
12. Do you receive Medicare? \_\_\_\_\_
13. Do you receive Medicaid? \_\_\_\_\_
14. Do you receive food stamps? \_\_\_\_\_

15. Do you have any other sources of income, and if so, what are they?

\_\_\_\_\_

16. How much money have you received in the past 30 days from your source of income?

\_\_\_\_\_

**This program adheres to and complies with the Drug Free Workplace Act. All applicants selected to participate will be accepted into the program contingent upon successful completion of all pre-screening processes such as, but not limited to the following: Drug/Alcohol Screening Test and SLED/NCIC Background Check. Failure to successfully complete this process may be cause for TN Development Corporation and Eau Claire Development Corporation to withdraw your application.**

### **Criminal Convictions**

1. Have you ever been convicted of any criminal offense(s) ever? Yes or No

If YES, list below information of All Convictions			
Convictions	Where Convicted/Arresting Authority & City/State	Date (Mo/Yr)	Court Disposition
If more space is needed, attach additional sheet(s) of paper.			

### **Personal & Family Information**

1. Are you disabled? \_\_\_\_\_
2. Are you or could you be pregnant? \_\_\_\_\_
3. If so, when is your due date? \_\_\_\_\_
4. Do you have children? \_\_\_\_\_ If so, how many? \_\_\_\_\_
5. Do you have child care to attend day classes? \_\_\_\_\_.
6. Do you have child care to attend evening/night classes? \_\_\_\_\_
7. How many family members live in your household? \_\_\_\_\_
8. Please list them below:

## Family Members

Name	Relationship	Age	Gender

9. How long have you lived at your current residence? \_\_\_\_\_

10. What will be your form of transportation for getting back and forth to class?

\_\_\_\_\_

11. Please list any other agencies that assist you and/or your family:

\_\_\_\_\_  
\_\_\_\_\_

**Please submit your application to one (1) of the following:**

**Mail:**            **TN Development Corporation**  
                      **Job Training Program**  
                      **1225 Lady Street, Suite 201**  
                      **Columbia, SC 29201**

**E-Mail:**        [jobtraining@columbiasc.net](mailto:jobtraining@columbiasc.net)

**Fax:**            **(803) 545-3772**